



## School Resource Officer Incident/Activity Report Form

### Summary and Instructions

**FORM PURPOSE:** To provide the Indiana Criminal Justice Institute a method through which School Resource Officer Data can be tracked and analyzed.

**SUMMARY:** Each School Resource Officer will be required to complete one (1) of the forms upon either of the following occurring:

- 1) Each time a recordable incident or duty is performed
- 2) Everyday where no recordable action is taken or performed

Therefore, this form will serve two functions: 1) All designated information will be captured whenever a recordable incident occurs and 2) All days without a recordable incident will be accounted for.

**PLEASE NOTE:** When multiple incidents occur in the same day, use a new School Resource Officer Incident/Activity Report Form for each separate event.

### **DO NOT RECORD MULTIPLE EVENTS ON THE SAME FORM**

#### **INSTRUCTIONS:**

**PAGE ONE** – Completely fill out the School Corporation, School Phone Number, Officer (PRINT), Date, and Incident Time (if applicable) fields. If a recordable incident did NOT occur, check the “NO REPORTABLE ACTIVITY” box and move to page 3 where additional notes may be added.

If a recordable incident occurred, check all the appropriate boxes designating the type of incident as well as all applicable locations of the incident. List any brief comments regarding the incident (page 3 offers additional space if needed) and record the number of perpetrator(s), victim(s), and amount in damages.

**PAGE TWO** – Record the grade level and race of any identified perpetrators or victims. This should be done with a singular mark (i.e. three “White” male offenders should be recorded as “III” not “3”)

**PAGE THREE** – List any important or needed additional notes in the designated area. Upon completion of these notes, the School Resource Officer must sign and document the date and time of form completion.

**ADMINISTRATIVE NOTE:** Prior to Reimbursement All SRO Incident/Activity Forms Must Be Submitted to ICJI for All Dates Up to the Date of a Voucher Submission.

*Please Call 317-232-2032 With Any Questions*



**SCHOOL RESOURCE OFFICER INCIDENT/ACTIVITY REPORT**

SCHOOL/SCHOOL CORPORATION: \_\_\_\_\_

SCHOOL/CORPORATION PHONE NUMBER: \_\_\_\_\_

OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_ INCIDENT TIME: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

☐ **NO REPORTABLE ACTIVITY**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Administrative Activities | <input type="checkbox"/> Gang Activity        | <input type="checkbox"/> Suspicious Person(s) |
| <input type="checkbox"/> Altercation               | <input type="checkbox"/> Homicide             | <input type="checkbox"/> Terrorism            |
| <input type="checkbox"/> Arrest(s)                 | <input type="checkbox"/> Incident Prevented   | <input type="checkbox"/> Theft/Larceny        |
| <input type="checkbox"/> Arson                     | <input type="checkbox"/> Mentoring/Counseling | <input type="checkbox"/> Threat/Harassment    |
| <input type="checkbox"/> Assault/Battery           | <input type="checkbox"/> Rape                 | <input type="checkbox"/> Under the Influence  |
| <input type="checkbox"/> Class Instruction         | <input type="checkbox"/> Safety Audit/Drill   | <input type="checkbox"/> Vandalism            |
| <input type="checkbox"/> Drugs/Paraphernalia       | <input type="checkbox"/> Search/Investigation | <input type="checkbox"/> Weapon Confiscation  |
| <input type="checkbox"/> OTHER                     |   |   |

**LOCATION/OCCURRENCE OF INCIDENT (CHECK ALL THAT APPLY):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Classroom         | <input type="checkbox"/> Locker Room        |
| <input type="checkbox"/> Auditorium     | <input type="checkbox"/> Dance             | <input type="checkbox"/> Office             |
| <input type="checkbox"/> Bathroom       | <input type="checkbox"/> Field/Stadiums    | <input type="checkbox"/> Other Location     |
| <input type="checkbox"/> Bus            | <input type="checkbox"/> Gymnasium         | <input type="checkbox"/> Other Social Event |
| <input type="checkbox"/> Cafeteria      | <input type="checkbox"/> Hallway/Stairwell | <input type="checkbox"/> Parking Lot        |

**PLEASE BRIEFLY SUMMARIZE INCIDENT/ACTIVITY HERE:**

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**NUMBER OF STUDENT VICTIMS:** \_\_\_\_\_ **FACULTY/OTHER VICTIMS:** \_\_\_\_\_

**NUMBER OF KNOWN PERPETRATORS:** \_\_\_\_\_ **AMOUNT OF DAMAGES:** \_\_\_\_\_

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PLEASE INDICATE THE GRADE AND RACE OF **PERPETRATOR(S)**:

	American Indian/ Alaskan Native		Asian		Black		Hispanic		White		Other	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Preschool												
K												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

PLEASE INDICATE THE GRADE AND RACE OF THE **VICTIM(S)**:

	American Indian/ Alaskan Native		Asian		Black		Hispanic		White		Other	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Preschool												
K												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

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